PRINTED: 04/06/2009 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDENT		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVN3995SNF		B. WING_		03/26	/2009	
			STREET ADDI	DRESS, CITY, STATE, ZIP CODE				
EVERGR	REEN GARDNERVILLE	E HEALTH & REI	1573 MATH GARDNER					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
Z 000	Initial Comments			Z 000				
	the result of a State at your facility from  The census at the t personnel records where the survey was cor Administrative Code Facilities Regulation	Deficiencies was general licensure survey co 3/23/09 through 3/26 time of the survey was were reviewed and ucted using Nevade (NAC) 449, Skilled as, adopted by the Nath on August 4, 2004	nducted 5/09. is 38. Ten la Nursing evada	(	DISCLAIMER  A CONTROL OF SECURITY OF THE STATLES OF FEDERAL, AND STA	OF THIS PLA	E 	
7342	by the Health Division prohibiting any crimactions or other clain available to any parstate, or local laws.  The following regulation identified:	enclusions of any investion shall not be constituted in shall not be constituted in shall not be constituted in shall not be shall not	tions, y be ederal,	7342	Z – 342 PERSONN RECORDS  What corrective active be accomplished for residents found to hat affected by the allegate deficient practice.	ons will those we been		
SS=E	each employee of that the facility. The relimitation:  a) Evidence that the license, certificate of the experience and position held by the b) Such health record 441A of NAC which employee has had a accordance with NAC) Documentation threceived any information.	curate personnel recome facility must be made and must include, we employee has obtain registration, and populatifications, requiremployee; and as are required by include evidence that a skin test for tuberous C 441A.375; and that the facility has not attent as the second contract the employee.	ord for aintained without ined any ossesses ed for the oy chapter at the ulosis in tyee has	Z342	1. Employee # currently und the two step Tuberculin sl Employee # 9 employment terminated	lergoing  kin tests.  has been  license REC  2, #10 APR  ave been  the AND CENT CARSON CI	0 2009 LICENSURE IFICATION TY, NEVADA	
		(Mille &	Hum		TITLE	encies.	(6) DATE	
ABORATORY	DIRECTOR'S OR PROVID	ENSUPERE REPRESEN	TATIVÉ'S SIGNA		Jeanline Nue	UNU If continuation	TIXUIC	

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Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING\_ NVN3995SNF 03/26/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1573 MATHIAS PKWY **EVERGREEN GARDNERVILLE HEALTH & REP GARDNERVILLE, NV 89410** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z342 Z342 Continued From page 1 Nevada Highway been convicted of a crime listed in paragraph (a) Patrol for processing. of subsection 1 of NRS 449.188. How you will identify other This Regulation is not met as evidenced by: having the potential to be Based on record review and interview, the facility affected by the same deficient failed to provide documentation of tuberculin skin practice. tests for 2 of 10 employees (#1, #9), failed to provide evidence of licensure for 1 of 10 employees (#5), and failed to provide evidence of An audit of all personal files a background check for 2 of 10 employees (#4, is being conducted to determine if any other employee is not in Findings include: compliance with these A review of the personnel files of Employees #1 regulations. and #9 revealed no evidence of a two-step tuberculin skin test. What measures have been put A review of the personnel file for Employee #5 revealed no evidence of licensure. in place or what systematic changes you will make to A review of the personnel files for Employees #4 ensure that the deficient and #9 failed to reveal evidence of a background practice does not recur. check. Interview with the Business Office Manager and The Business Office Manager the Administrator revealed that Employee #5 had through the Facility passed all of the tests for licensure, but did not **Continuous Quality** have a license from the State Board of Nursing. Improvement (CQI) Program No follow-up for the pending status had occurred. Employees #4 and #9 did not provide evidence of will calendar quarterly audits fingerprint checks to the facility. Evidence of to review employee files to tuberculin skin tests were not available on ensure compliance with all Employees #1 and #9. Federal and State Severity 2 Scope 2 Regulations.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

PRINTED: 04/06/2009 FORM APPROVED Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVN3995SNF 03/26/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1573 MATHIAS PKWY **EVERGREEN GARDNERVILLE HEALTH & REI GARDNERVILLE, NV 89410** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z393 Z393 Continued From page 2 How the facility will monitor Z393 Z393 Personnel Training in Dementia its corrective actions to SS=E ensure that deficient practice NAC 449.74522 Employees of facility which is being corrected and will provides care to persons with dementia. 1. Except as otherwise provided in subsection 4, not recur, i.e. what program each person who is employed by a facility for will be put in place to skilled nursing which provides care to persons monitor the continued with any form of dementia, including, without effectiveness of the systemic limitation, dementia caused by Alzheimer's disease, who has direct contact with and provides change. care to persons with any form of dementia and who is licensed or certified by an occupational The Business Office Manager licensing board must complete the following

(b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment. 2. The hours of continuing education required to be completed pursuant to this section: (a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and (b) May be used to satisfy any continuing education requirements of an occupational

licensing board and do not constitute additional

hours or units of required continuing education.

3. Each facility for skilled nursing shall maintain

proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who

is required to complete continuing education

4. A person employed by a facility for skilled

nursing which provides care to persons with any

pursuant to this section.

number of hours of continuing education

for skilled nursing, 8 hours which must be

completed within the first 30 days after the

(a) In his first year of employment with a facility

specifically related to dementia:

employee begins employment; and

Z – 393 PERSONNEL TRAINING IN **DEMENTIA** 

will report the Findings of all

Audits to the Executive

also be submitted and

Director. The Audits will

reviewed by the Continuous

Quality Improvement (CQI)

Committee at the Monthly

Compliance Date 5-15-09

COI committee meeting.

What corrective actions will be accomplished for those residents found to have been affected by the alleged

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

						FORM	APPROVE
Bureau	of Health Care Quali	ty & Compliance					T. T. T. T.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVN3995SNF		B. WING _		03/2	26/2009
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		•
EVERGR	REEN GARDNERVILLI	E HEALTH & REI		THIAS PKWY RVILLE, NV			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
Z393	form of dementia, in dementia caused by required to complete education specifical required pursuant to completed that trainmonths.  5. As used in this sespecifically related without limitation, in (a) An overview of the including, without limitation, in Alzheimer's disease on the symptoms, publication of the symptoms, publication of the communicating (c) Providing person dementia; (d) Recreational and with dementia; (e) Aggressive and person with dementia; (f) Advising family in the dementia of the communication of the communica	ncluding, without limity Alzheimer's disease the hours of continuity related to dement o subsection 1 if he hing within the previous dementia "including to dementia "including the disease of dementiation, dementia case, which includes in prognosis and treatment of the disease of dementiation, de	se, is not nuing ia has hus 12 education es, aused by struction ent of the ementia; with a person ors of a	Z393	Employee's # 1, #4, & are currently scheduled participate in an Demer Training Program. Employee # 9 employm with this facility has be terminated.  How you will identify a having the potential to affected by the same depractice.  An audit of all personal is being conducted to determine if any other employee is not in compliance with these regulations.  What measures have be in place or what system	to ntia nent en  others be eficient  files	
	Based on personne facility failed to prov	not met as evidence Il file review and inter vide evidence of dem employees (#1, #4, #	rview, the entia		changes you will make ensure that the deficien practice does not recur.	<u>to</u> <u>t</u>	
	Findings include:				The Business Office M through the Facility Continuous Quality	anager	
	A marriant at the man-	annal files of Emplo	1/000 #f1 !				

A review of the personnel files of Employees #1,

#4, #6, and #9 failed to reveal evidence of eight

hours of dementia training. The employees were

hired on 2/6/09, 1/14/09, 2/9/09, and 12/9/08,

respectively.

Improvement (CQI) Program

will calendar quarterly audits

to review employee files to

ensure compliance with the

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES	(X1) PROVIDE
AND PLAN OF CORRECTION	L DENTIFIC

ER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE	CON	ISTRUCTION	
A. BUILDING			

(X3) DATE SURVEY COMPLETED

NVN3995SNF

B. WING\_

03/26/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EVERGREEN GARDNERVILLE HEALTH & REI  1573 MATHIAS PKWY GARDNERVILLE, NV 89410					
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z393 Continued From page 4  Interview with the Administrator revealed that the training had not occurred.  Severity 2 Scope 2		Z393 t the	Dementia Training Regulations.		
	Geventy 2 Goope 2		How the facility will monitor its corrective actions to ensure that deficient practice is being corrected and will not recur, i.e. what program will be put in place to monitor the continued effectiveness of the systemic change.		
			The Business Office Manager will report the Findings of all Audits to the Executive Director. The Audits will also be submitted and reviewed by the Continuous Quality Improvement (CQI) Committee at the Monthly CQI committee meeting.		
			Compliance Date 05/15/09	·	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.